

Best Available Copy

CLAIMS						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS						*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1									
2									
3									
4									
5	Z				2				
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11	Z				2				
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47									
48									
49									
50									
TOTAL IND.	Z				2				
TOTAL DEP.	15	↓			12	↓			
TOTAL CLAIMS	14	↓			14	↓			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS